



Missouri Pharmacy Program- Preferred Drug List



Ophthalmic Mast Cell Stabilizers

Effective 05/03/2006

Preferred Agents

- Cromolyn Sodium
- Alomide®
- Alamast®
- Alocril®

Non-Preferred Agents

- Crolom®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial on preferred products	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.